



MISSOURI DEPARTMENT OF REVENUE  
DEALER LICENSING SECTION  
PO BOX 43, JEFFERSON CITY MO 65105  
(573) 751-4469 [www.dealerlic@dor.mo.gov](http://www.dealerlic@dor.mo.gov)  
**APPLICATION FOR TITLE SERVICE  
CERTIFICATE OF REGISTRATION**

FORM  
**2509**  
(REV 03-2010)

**VALID ONLY FOR BUSINESS  
ADDRESS SHOWN BELOW  
(301.114 RSMo)**

VALIDATION ONLY

**INSTRUCTIONS TO APPLICANT**

*Any false statement in this application is a violation of the law and may be punished by fine or imprisonment or both.*

1. A title service agent must file a separate application and shall be issued a separate license for each location owned and operated. The application should be typewritten or printed legibly (print firmly so that all copies are readable).
2. Renewal applications shall be filed with the Missouri Department of Revenue no later than June 30th each year.
3. The following must be submitted with the application for approval of registration;
  - a. Proof of registration with the Secretary of State either Certificate of Incorporation, of fictitious Name Registration; and,
  - b. The original corporate surety bond in the amount of twenty-five thousand dollars (\$25,000.00).
4. Fees - Fees are \$50.00 per title service registration and \$10.00 per criminal record check for each owner listed below. Submit a check or money order for the correct amount made payable to the **MISSOURI DEPARTMENT OF REVENUE**. (DO NOT SEND CASH) The Missouri Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds.  
Note: The \$10.00 criminal record check fee does not apply to out-of-state owners. Out-of-state owners must obtain a criminal record check from the appropriate **state** law enforcement agency and submit it with this application. The criminal record check for out-of-state owners is required each year upon renewal of the Title Service Certificate of Registration.
5. Whenever a title service agent is no longer entitled to registration pursuant to Section 301.114 RSMo, for whatever reason, the title service agent shall immediately surrender his license to the Director of Revenue.
6. Whenever the application is completed, return all copies to the MISSOURI DEPARTMENT OF REVENUE, DEALER LICENSING SECTION, PO BOX 43, JEFFERSON CITY MO 65105. The registration certificate will be mailed to the applicant by the Missouri Department of Revenue after the application has been approved. Questions should be referred to (573) 751-4469.

TITLE SERVICE NAME		TELEPHONE NUMBER ( ) - -
STREET		CITY
STATE	COUNTY	ZIP CODE - -

TYPE OF OWNERSHIP (CHECK ONE)	D. IF APPLICABLE, PAPERS OR CORPORATION FILED IN WHICH STATE?
<input type="checkbox"/> A. INDIVIDUAL <input type="checkbox"/> B. PARTNERSHIP <input type="checkbox"/> C. CORPORATION	

**LIST ALL OWNERS BELOW: (IF CORPORATION, INDICATE PRINCIPAL OFFICERS)**

1. FULL LEGAL NAME	BIRTHDATE _/_/____	SOCIAL SECURITY NUMBER - - - - -	HOME TELEPHONE NUMBER ( ) - - - -
STREET	CITY	STATE	ZIP CODE - - - -
2. FULL LEGAL NAME	BIRTHDATE _/_/____	SOCIAL SECURITY NUMBER - - - - -	HOME TELEPHONE NUMBER ( ) - - - -
STREET	CITY	STATE	ZIP CODE - - - -
3. FULL LEGAL NAME	BIRTHDATE _/_/____	SOCIAL SECURITY NUMBER - - - - -	HOME TELEPHONE NUMBER ( ) - - - -
STREET	CITY	STATE	ZIP CODE - - - -
4. FULL LEGAL NAME	BIRTHDATE _/_/____	SOCIAL SECURITY NUMBER - - - - -	HOME TELEPHONE NUMBER ( ) - - - -
STREET	CITY	STATE	ZIP CODE - - - -

I do solemnly verify that the concern named herein is a bona fide title service business, and that I do have the authority to make the statements contained and to sign this application. I hereby certify under penalty of perjury that all information provided is true and accurate and is made without intent to defraud.

SIGNATURE OF APPLICANT	DATE _/_/____
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